

from within and without the gloves. Those from within showed a pure culture of the germ. The latter were sterile. Like results followed the repetition of this experiment.”

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ADJUNCT TO FRESH-AIR TREATMENT FOR CONSUMPTION.—The *Journal of the American Medical Association*, in a synopsis of a paper in *Medicine*, Chicago says: “There are many reasons, says Carpenter, why persons suffering from pulmonary tuberculosis can not leave their home for a more suitable climate. To give such patients all the fresh air possible and permit them to remain indoors, Carpenter devised an apparatus of simple construction, which consists of tubes large enough for the passage of air at normal air pressure, and light enough to be easily handled. The face piece, or mask, can have a transparent front, and is supported by a net cap, which will hold it firm in all positions. Large valves control the passage of air. The tubes are composed of coiled aluminum wire, covered with a light fabric which is impervious to air. These tubes are conducted to a panel which is fitted in an open window, with a suitable aperture to receive it, and a protecting hood on the outside. Openings can also be made through the outside wall of a bedroom to the outer air, choosing a side where the sun shines. The tubes may be detached from the opening, and the opening closed, and the apparatus can be carried to another part of the house and attached to an opening through the wall or panelled window. The mask is so arranged that it can be detached from the net cap, which is convenient in case of a desire to cough or to expectorate. The inhalation tube can be large and contain the exhalation tube, so that but one tube is in sight, and yet all exhalations are carried to the outside of the house. With this contrivance it is possible for patients to have fresh air, no matter what the state of the weather. They can also enjoy a sun bath in a superheated room, if desired, and inhale fresh air at the same time.”

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DISCLOSURE OF PROFESSIONAL INFORMATION.—Chapter 331 of the Laws of New York of 1905 amends Section 834 of the code of civil procedure to read as follows: A person duly authorized to practice physic or surgery, or a professional or registered nurse, shall not be allowed to disclose any information which he acquired in attending a patient

in a professional capacity, and which was necessary to enable him to act in that capacity; unless, where the patient is a child under the age of 16, the information so acquired indicates that the patient has been the victim or subject of a crime, in which case the physician or nurses may be required to testify fully thereto on any examination, trial or other proceeding in which the commission of such crime is a subject of inquiry. Nothing in this act contained shall affect any actions or proceedings now pending. This shall take effect September 1, 1905.

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AID TO PROGNOSIS IN TYPHOID.—The *Journal of the American Medical Association*, quoting from the *British Medical Journal*, says: "For the last nine years Simon has made daily observations of the amount of urine passed by every patient suffering from enteric fever. He found that polyuria occurred not only in every case that was doing well, but also in many cases of great severity in which no general improvement or amelioration of symptoms could be observed. He also found that even in severe cases, if polyuria occurred, the patients all recovered. In no cases in which polyuria was noted has he known perforation to occur, and in no case has hemorrhage of any moment ever occurred after polyuria had been established. Furthermore, relapses occurred only rarely when polyuria had once begun."

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THE SYSTEM OF AMERICAN HOSPITAL ECONOMY.—Arpad G. Gerster, in discussing this subject in the *Medical Record*, compares the daily cost per patient in different hospitals in this country and in Europe, the result showing that in America the outlay is much greater. These facts serve as arguments in favor of the view that in order to meet successfully the conditions now existing when the large hospitals usually show an annual deficit, retrenchment is the proper remedy, and not an appeal for greater liberality on the part of the comparatively few philanthropists, who furnish most of the funds for the hospitals. Analyzing the conditions which underlie the extravagance and waste in hospital management in this country, he emphasizes the necessity for more active participation in the executive control by the members of the medical staff.